POSITION
FEE DETERMINATION

ID NO.

DATE

O.I.P.E. CLA						<u> </u>	4: "	i-01	
RESPONSE		REVIEW							
			INDS	X OF C	LAIRAC				
				X OF C			Non-elec	ted	
			Allowed		1		Interfere	nce	
	- (Through	numeral)	Canceled				Appeal		
(÷		Restricte	d	0		Objected		
Claim Date			Claim Date				Claim Date		
		T			T		2		
Store S			Final				Final	1	
12 m/	++++	+	51	+++	++	+++	101		+
21	++++	+	52				102		
3			53				103		+
4		\Box	54	\rightarrow	+		104	++++	+
6	++++		56	+++	+	+++	106		+
(A)		+	57		\top		107		
WIII			58				108	\bot	\perp
9			59		+	+++	109	++++	++
10	++++		60	+++			111	++++	+
12	+++		62	+		+++	112		
13	+		63				113	+++	+
14			64			$\perp \perp \perp \perp$	114	+++++	+
15	\perp	+	65	-1	++	+++	116	 	++
16	++++	++-	67	-	++-	+	117		+
18		+	68				118		
19			69	\perp			119	++++	
20 N		\perp	70			+++	120	++++	++
21	\Box	+H	71	+	-+-		122	++++	+
23		++	73	++-		+++	123		
24		+++	74				124		1
25			75		\perp	+++	125	++++	++
26	++++	+	76 77			+	127	++++	
28		+	78			+++	128		
29 1/			79				129		
9			80	\perp		444	130	+++++	++
	\rightarrow		82	+	++	+++	132	++++	++
32		+H	83		\Box		133		\top
34	+++	-	84				134	\Box	+
35			85	H =	\Box	+	135	++++	+
36	+++	++	86		++	++++	137	+++++	+
38	++++	+	88	+	-	+++	138		
39		+	89				139		H
40 N			90		LLI	$\perp \perp \perp$	140	+	+
41			91	++	$\sqcup \sqcup$	+++	141	++++	++
42	++++		93		1	+++	143	+++++	+
43	++++		93	+++	1	+++	144		T
45,	111		95				145		
46			96				146		
.47			97		111		147		

If more than 150 claims or 10 actions staple additional sheet here 149